

# NGAPLE APPLICATION 2006-2007



## SECTION I: TO BE COMPLETED BY THE APPLICANT (Please print or type)

1. Last Name		First Name	Middle Initial	2. Social Security Number (SSN)	
3. Mailing Address			City	State	Zip Code
4. Date of Birth / / Mo. Day Year	5. Telephone Numbers Home # ( )	6. Cellular or Alternative # ( )		7. E-mail Address, if available	

8. Attach a copy of your 2006-2007 Student Aid Report, generated by the US Dept. of Education, based upon Free Application for Federal Student Aid for 2006-2007. (Must attach SAR with valid EFC)

9. I am a member of the ☐ National Guard      State ☐ Military Reserve      Navy ☐ Militia

10. Were you enrolled in an institution of higher education at least half-time or were you enrolled in a qualified vocational diploma program during the 06/07 academic year (attach proof of enrollment): ☐ Yes ☐ No

11. Name of institution of higher education or vocational diploma program attended in 2006/2007: \_\_\_\_\_

12. Federal School Code (must complete) \_\_\_\_\_

13. If you were not enrolled during the 06/07 academic year, you must attach proof of completion of a baccalaureate degree or qualified vocational diploma program (i.e. copy of diploma or certificate) or proof of academic leave of absence.

14. Did you attach a copy of your active duty order, if any: ☐ Yes ☐ No

15. I have received or have been approved to receive an educational loan:

☐ Yes, please complete the information below.\*

☐ No. If you have not been approved to receive an educational loan, you are not eligible to apply for NGAPLE.

\*If yes, indicate the lender, type, and status of all your educational loans: (attach a separate sheet, if necessary)

Name of Lender	Loan Identification Number	Current Balance
_____	_____	_____
_____	_____	_____

The following information is for statistical purposes only:

<p>16. Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>17. I describe myself as one of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> (1) African American</td> <td><input type="checkbox"/> (5) Asian American</td> </tr> <tr> <td><input type="checkbox"/> (2) Latino, Chicano</td> <td><input type="checkbox"/> (6) Native American</td> </tr> <tr> <td><input type="checkbox"/> (3) Filipino</td> <td><input type="checkbox"/> (7) Caucasian</td> </tr> <tr> <td><input type="checkbox"/> (4) Pacific Islander</td> <td><input type="checkbox"/> (8) Other</td> </tr> </table>	<input type="checkbox"/> (1) African American	<input type="checkbox"/> (5) Asian American	<input type="checkbox"/> (2) Latino, Chicano	<input type="checkbox"/> (6) Native American	<input type="checkbox"/> (3) Filipino	<input type="checkbox"/> (7) Caucasian	<input type="checkbox"/> (4) Pacific Islander	<input type="checkbox"/> (8) Other
<input type="checkbox"/> (1) African American	<input type="checkbox"/> (5) Asian American								
<input type="checkbox"/> (2) Latino, Chicano	<input type="checkbox"/> (6) Native American								
<input type="checkbox"/> (3) Filipino	<input type="checkbox"/> (7) Caucasian								
<input type="checkbox"/> (4) Pacific Islander	<input type="checkbox"/> (8) Other								

By my signature I understand and agree that:

- I must submit a Student Aid Report with a valid Expected Family Contribution generated by a 2006-2007 Free Application for Federal Student Aid.
- I may be required to provide information or documentation to verify the accuracy of the information included in this application
- My application must be submitted to the Office of the Adjutant General, (address on back of application) I must sign and date the enclosed LAA pending selection as a participant for NGAPLE. The LAA will not be valid unless I am chosen as a participant and it is signed by the Commission.

I declare under penalty of the laws of the State of California and of the United States that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies.

Please sign and date:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MUST BE SUBMITTED TO THE OFFICE OF THE ADJUTANT GENERAL**

**2006-2007 NGAPLE APPLICATION CONTINUED**

**SUBMIT TO: OFFICE OF THE ADJUTANT GENERAL  
9800 GOETHE RD. BOX 26  
SACRAMENTO, CA 95826  
(916) 854-3227**

**SECTION II: TO BE COMPLETED BY THE OFFICE OF THE ADJUTANT GENERAL**

The Office of the Adjutant General certifies that the above applicant has enlisted, reenlisted, or in the case of an officer, has committed to serve in the National Guard, the State Military Reserve, or the Naval Militia.

**17. Active Duty Service, if applicable:**

- ☐ (1) An enlisted California National Guard member who has served or is currently serving on federal active duty under Title 10 or Title 32, U.S.C. for a period of not less than 11 consecutive months under a contingency operation
- ☐ (2) A commissioned officer or warrant officer of the California National Guard who has served or is serving on federal active duty under Title 10 or Title 32, U.S.C. for a period of not less than 11 consecutive months under a contingency operation.
- ☐ (3) An enlisted California National Guard member who has served or is currently serving on federal active duty under Title 10 or Title 32, U.S.C. for a period of not less than 5 consecutive months under a contingency operation
- ☐ (4) A commissioned officer or warrant officer of the California National Guard who has served or is serving on federal active duty under Title 10 or Title 32, U.S.C. for a period of not less than 5 consecutive months under a contingency operation
- ☐ (5) Any California National Guard, State Military reserve or Naval Militia member, enlisted or officer, who has served on State Active Duty pursuant to Military and Veterans Code § 143 or § 146 for no less than 30 consecutive days.
- ☐ (6) Any current member of the California National Guard, State Military Reserve or Naval Militia who is satisfactorily attending unit drill and training assemblies.

**By my signature, I hereby declare that the above statement is true as is reflected on current official records.**

\_\_\_\_\_  
Signature of Military Official

\_\_\_\_\_  
Title of Military Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Military Seal  
Must Be  
Affixed**

